

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P04000021601

1. Entity Name
MAGNOLIA KEY DEVELOPMENT, INC.



Principal Place of Business
**242 FIFTH AVE.
INDIALANTIC, FL 32903-3307**

Mailing Address
**P.O. BOX 33307
INDIALANTIC, FL 32903-3307**



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0720773

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KANCILIA, JOHN R
1800 WEST HIBISCUS BLVD., STE. 138
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COCHRAN, ROBERT L SR.
STREET ADDRESS 242 FIFTH AVE.
CITY-ST-ZIP INDIALANTIC, FL 329033307

TITLE STD
NAME COCHRAN, EVA M
STREET ADDRESS 242 FIFTH AVE.
CITY-ST-ZIP INDIALANTIC, FL 329033307

TITLE VPD
NAME COCHRAN, ROBERT L JR.
STREET ADDRESS 242 FIFTH AVE.
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE VPD
NAME MILLER, SUSAN D
STREET ADDRESS 990 SPRING OAK DR.
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/14/07-80026-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sec/Treas 4-26-07 (321) 723-0406